

613

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 542	
1. PLACE OF DEATH		COUNTY Yuma		STATE ARIZONA		REGISTERED NO. 11	
TOWNSHIP		OR VILLAGE		OR		WARD	
CITY Yuma		NO. Yuma General Hospital		ST.		WARD	
LENGTH OF RESIDENCE		(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)					
IN CITY OR TOWN WHERE DEATH OCCURRED		YRS. 3 MOS. 3 DS.		HOW LONG IN U. S. IF OF FOREIGN BIRTH		YRS. MOS. DS.	
2. FULL NAME Beulah May Bass		HOW LONG IN STATE WHEN DEATH OCCURRED		YRS. MOS. 3 DS.			
(A) RESIDENCE: NO. Imperial Dam, Calif.		ST.		WARD		(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)	
(USUAL PLACE OF ABODE)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX Female		4. COLOR OR RACE White		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Married			
5A. IF MARRIED, WIDOWED, OR DIVORCED							
X HUSBAND OF Purdy Bass							
(WIFE OF)							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 1910							
7. AGE		YEARS 27		MONTHS 11		DAYS 21	
		IF LESS THAN 1 DAY, HRS. OR MIN.					
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Oklahoma City Okla.		13. NAME Ben Wiseman					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Oklahoma Okla.		15. MAIDEN NAME Bertha Howard					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Okla.		17. INFORMANT Purdy Bass					
18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Yuma, Arizona		19. EMBALMER The John W. Hufferman Co.					
20. FILED Jan 22 1938		21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1938					
		22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Jan 15 38 TO Jan 18 38					
		I LAST SAW HER ALIVE ON Jan 18 38 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2:30P M.					
		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: Ruptured Ectopic pregnancy					
		DATE OF ONSET 1-14-38					
		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Hemorrhage					
		NAME OF OPERATION Cholecystectomy					
		DATE OF 1-16-38					
		WHAT TEST CONFIRMED DIAGNOSIS? X-ray findings					
		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY 19					
		WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)					
		SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE					
		MANNER OF INJURY					
		NATURE OF INJURY					
		24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?					
		IF SO, SPECIFY (SIGNED) Salim E. Tatom, M. D.					
		(ADDRESS) Yuma, Ariz.					
BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION							